



**DIRECT DEPOSIT AUTHORIZATION FORM**

Vendor payments are made via the Automatic Clearing House (ACH) System. Each time a payment is disbursed to the financial institution/account provided below, an electronic notification is sent to the e-mail address also provided below.

**PAYEE INFORMATION:**

_____	_____
Payee Name (Entity Name or Name of Individual)	Payee Tax ID (SSN or EIN)
_____	
Payee Address	
_____	
_____	_____
E-Mail Address (To use for notifications)	Phone Number

**FINANCIAL INSTITUTION INFORMATION:**

Financial Institution Name: \_\_\_\_\_

Financial Institution Address: \_\_\_\_\_

Routing Transit Number: \_\_\_\_\_ Payee Account Number: \_\_\_\_\_

Type:  Checking (Attach a blank voided check) OR  Savings (Attach a blank voided deposit slip)

Payee Account Title: \_\_\_\_\_

**PAYEE CERTIFICATION:**

By signing this form, I authorize payments to be deposited to the designated account and financial institution named above by the Hillsborough County Sheriff's Office for goods/ services rendered, reimbursements, or other transactions and, if necessary, to initiate debit entries and other adjustments for any entries made in error. This authorization shall remain in full force and effect until withdrawn in writing with sufficient notice to allow adequate time to effect termination.

_____	_____
Payee or Payee Agent Name (Please Print)	Payee or Payee Agent Title
_____	_____
Payee or Payee Agent Signature	Date

Please return completed and signed form with blank voided check/deposit slip to Hillsborough County Sheriff's Office, ATTN: Accounts Payable, 2008 East 8th Avenue, Tampa, Florida 33605 or [AccountsPayable@HCSO.Tampa.FL.US](mailto:AccountsPayable@HCSO.Tampa.FL.US).

<b>FSD Use Only</b>	Vendor ABN: _____	RMT #: _____
Entered by: _____	ABN: _____	Date: _____
Verified by: _____	ABN: _____	Date: _____